

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: A.M.A. Care Home LLC	CHAPTER 100.1
Address: 94-392 Kahuanani Street, Waipahu, Hawaii 96797	Inspection Date: March 12, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

ENROLLMENT
VCHS-100
HAWAII JO STATE

APR 19 61 PM 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements, (f)(5) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Follow planned menus, prepare and serve meals, including special menus and be able to make appropriate substitutions, as required. <u>FINDINGS</u> Substitute care giver (SCG) is unable to follow posted menu due to insufficient food supply to prepare and serve the planned menu. Substitutions are not documented.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Food purchasing will be based on the menu so that SCG can follow it.</i></p>	<p style="text-align: right;"><i>6/24/21</i></p>

BISMARCK STATE
 CHILD-100
 HAWAII STATE

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus. <u>FINDINGS</u> The posted menu was not followed.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Posted menus are being followed.</i></p>	<p style="text-align: center;"><i>6/24/25</i></p>

STATE OF HAWAII
DEPARTMENT OF HEALTH
DIVISION OF FOOD SAFETY AND INSPECTION
250 W. Kalia Road, Suite 200
Honolulu, HI 96815-5096

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus. FINDINGS The posted menu was not followed.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>PCG posting menu on Sunday for SCG to follow.</i></p>	<p><i>6/24/21</i></p>

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 STATE OF HAWAII
 DEPARTMENT OF HEALTH
 DIVISION OF FOOD SAFETY AND INSPECTION

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p>FINDINGS Substitutions provided to a resident who refuses food served is not documented.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">4/1/21</p>

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING

APR 1 12:44 PM '21

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition</u> (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented. FINDINGS Substitutions provided to a resident who refuses food served is not documented.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>SCG to document substitution provided in substitution list. PCG will add observation of substitution in progress notes.</i></p>	<p><i>6/24/21</i></p>

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. FINDINGS Resident #1 - "Renal diet" ordered 1/9/21 was not provided. The diet order needed to be clarified. The ARCH is not licensed to provide special diets.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>PCP called the resident's PCP to obtain proper diet order and clarification</i></p>	<p><i>YES</i> <i>4/1/21</i></p>

EMERSON T. JAMES
 ARCH-HOD
 HAWAII STATE

APR 12 61 APR 12

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition</u> . (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. FINDINGS Resident #1 - "Renal diet" ordered 1/9/21 was not provided. The diet order needed to be clarified. The ARCH is not licensed to provide special diets. GMSN3017 31A1S ARCH-100 HAWAII STATE	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>PCG completed special diet class. PCG will consult with other nutritionist whenever there is any special diet order that PCG is not sure of.</i></p>	<p style="text-align: right;"><i>6/24/21</i></p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. FINDINGS Resident #1 - "Renal diet" ordered 1/9/21. The ARCH is not licensed to provide special diets.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"> <i>PLG completed special diet class. Resident discharged on order section 12/1/21 - Renal diet clarified with physician.</i> </p>	<i>6/24/21</i>

HAWAIIAN
 ARCHES
 BOARD
 OF
 ARCHES
 STATE OF HAWAII

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. FINDINGS Resident #1 - "Renal diet" ordered 1/9/21. The ARCH is not licensed to provide special diets.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>When there's a "renal diet" order, PCs will clarify w/ PCP and obtain a more specific diet order. PCs completed special diet class.</p>	6/24/21

STATE OF HAWAII
DEPARTMENT OF HEALTH
ARCHIVES

25 MAY 22 PM 12.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 - "Change Tramadol to Q 12 hrs as needed for pain" ordered 1/22/21. The medication record reflected "Take 1 tab po q 6 hours as needed for pain." The label noted "Take 1 tablet by mouth every 12 hours." The time of day the medication was taken was not recorded on the medication record.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>PART 1</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Resident #1 on 6/1/21. Unable to correct label. Time of day medication taken was added to MAR.</i></p>	<p><i>6/24/21</i></p>

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 HAWAII JO STATE
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 - "Change Tramadol to Q 12 hrs as needed for pain" ordered 1/22/21. The medication record reflected "Take 1 tab po q 6 hours as needed for pain." The label noted "Take 1 tablet by mouth every 12 hours." The time of day the medication was taken was not recorded on the medication record.	<p align="center">PLAN OF CORRECTION</p> <p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>When there is a medication order change, PCG to make changes on the pharmacy. PCG will take medication bottles to make any label changes. PCG will retain SCG to record the time of day on the adherence PPD medication is taken. PCG will check the MR for complete documentation after doing nurse check 3-4x/week.</p>	<p align="right">6/22/21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 - "Change Banofen to 50 mg TID" ordered 1/22/21; the label noted "Take 1 cap po Q 6 hours prn for itching." The medication record noted "diphenhydramine 50 mg capsule Take 1 cap po every 6 hours as needed for itching." The medication is taken two times a day; however, the time of day is not recorded.	<p align="center">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>PCs made a phone call to PCP to clarify order, medication order is PRN. Telephone order recorded on physician order sheet.</i></p>	<p align="right"><i>10/24/21</i></p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 - "Change Banofen to 50 mg TID" ordered 1/22/21; the label noted "Take 1 cap po Q 6 hours pm for itching." The medication record noted "diphenhydramine 50 mg capsule Take 1 cap po every 6 hours as needed for itching." The medication is taken two times a day; however, the time of day is not recorded.	<p style="text-align: center;"> PLAN OF CORRECTION PART 2 <u>FUTURE PLAN</u> </p> <p> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? </p> <p> <i>PCG retained SCG to record the time of day on MAR whenever PAR medication is taken. PCG will check the MAR for Banofen documentation.</i> </p>	<p style="text-align: right;"><i>10/24/21</i></p>

STATE OF HAWAII
 DEPARTMENT OF HEALTH
 DIVISION OF LICENSING

25 NOV 22 PM 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver. FINDINGS Resident #1 - For the following medication, the time of day that the medication was taken was not recorded: <ul style="list-style-type: none"> • "Banofen 50 mg i cap TID" (taken twice a day). • "Tramadol 50 mg Q 12 hours as needed for pain." • "Acetaminophen 325 mg 2 tablets every 6 hours as needed." 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

57:14 61 APR 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver. <u>FINDINGS</u> Resident #1 - For the following medication, the time of day that the medication was taken was not recorded: <ul style="list-style-type: none"> • "Banoften 50 mg i cap TID" (taken twice a day). • "Tramadol 50 mg Q 12 hours as needed for pain." • "Acetaminophen 325 mg 2 tablets every 6 hours as needed." 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCs to refrain SCs to record the time of day on MMR whenever PRN medication is taken. PCs will check the MMR for complete documentation.</p>	<p style="text-align: right;">6/24/21</p>

09/18/2017 13:15
 2018-08-08
 11/11/2018 10:15

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications</u> . (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver. <u>FINDINGS</u> Resident #1 - The resident wakes up late "most days" approximately 10 a.m.; however, the medication record indicates that medication is taken at 7 a.m. Medication is not taken most days at 7 a.m.	<p style="text-align: center;">PART I</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Correction of time given was made on MTR.</i></p>	<p style="text-align: right;">4/11/21 YFS</p>

STATE LICENSING
DOH-CHCA
STATE OF HAWAII

SP-111 61 APR 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications. (m)</u> All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver. FINDINGS Resident #1 - The resident wakes up late "most days" approximately 10 a.m.; however, the medication record indicates that medication is taken at 7 a.m. Medication is not taken most days at 7 a.m.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>PCG will train SCG to record actual time of drug medication is taken on MAR. PCG will check the MAR for complete documentation when doing house check 3-4x/week.</i></p>	<p style="text-align: right;"><i>6/24/21</i></p>

BNSHS
DOH-ONCA
STATE OF HAWAII
STATE LICENSING

25:00 72 NR 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation. <u>FINDINGS</u> Resident #1 - No physician order to self-administer, and keep at the bedside: "albuterol sulfate inhaler & fluticasone nasal spray." No written procedures for storage, monitoring and documentation.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Medication was taken from the resident to make sure that proper administration, monitoring and documentation is followed</i></p>	<p style="text-align: right;">4/11/01 YCS</p>

STATE OF HAWAII
 DEPARTMENT OF HEALTH
 DIVISION OF LICENSING

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications</u> . (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation. <u>FINDINGS</u> Resident #1 - No physician order to self-administer, and keep at the bedside: "albuterol sulfate inhaler & fluticasone nasal spray." No written procedures for storage, monitoring and documentation.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>When a resident is admitted and insist on keeping medication at bedside, this is what we're going to do:</p> <p>① I will get an MD order to self administration & keep meds on bedside</p> <p>② I will have a procedure for storage, monitoring and documentation.</p> <p>③ I will explain to resident and SCs what the procedure is.</p>	<p style="text-align: right;">6/24/21</p>

STATE OF HAWAII
 DEPARTMENT OF HEALTH
 DIVISION OF LICENSING

NOV 12 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1 - No admission assessment by the primary care giver.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p><u>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</u></p> <p><i>Admission assess ment was made by PCG.</i></p>	<p><i>4/1/21</i> <i>PCG</i></p>

STATE LICENSING
 HEALTH CARE
 DIVISION
 HAWAII

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Documentation of primary care giver's assessment of resident upon admission; FINDINGS Resident #1 - No admission assessment by the primary care giver.</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>PCGs will use admission checklist to ensure that all admission documents are completed before filing in the resident's folder.</i></p>	<p style="text-align: right;"><i>6/24/21</i></p>

STATE LICENSING
 DIVISION
 111 N. W. 12th Ave.
 Miami, FL 33136

25:01W 42 N1P 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(2) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Recording of identifying information such as resident's name, social security number, racial extraction, marital status, date of birth, sex, and minister or religious denomination, and information about medical plan or coverage; FINDINGS Resident #1 - Resident Emergency Information form was incomplete. The name of the primary physician, diagnosis, pertinent medical history and tuberculosis information were not recorded.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Resident Emergency Information form was completed by PCs.</i></p>	<p style="text-align: right;">4/11/21 VFS</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (a)(2)</p> <p>The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Recording of identifying information such as resident's name, social security number, racial extraction, marital status, date of birth, sex, and minister or religious denomination, and information about medical plan or coverage;</p> <p>FINDINGS</p> <p>Resident #1 - Resident Emergency Information form was incomplete. The name of the primary physician, diagnosis, pertinent medical history and tuberculosis information were not recorded.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>PCs will use admission check list to ensure that all admission documents are completed before admitting the residents upon admission.</i></p>	<p><i>10/26/21</i></p>

SHIRINEE L. ELLIS
 VARIO-HOB
 HAWAII STATE

25.014 42.014 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports: (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; <u>FINDINGS</u> Resident #1 - Progress notes did not include the following observations: <ul style="list-style-type: none"> • Need for and response to "prn" medication - Tramadol, Banoften, acetaminophen. • Self-administered inhaler and nasal spray. • Preference to eat in her room. 	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will review MAR if PRN meds taken. PCG will communicate to CG regarding need for PRN meds. Self administered meds needs to be be monitored and recorded - If resident eating in the room, record how many if it's the resident's preference to eat in the room.</p>	<p style="text-align: right;">6/24/21</p>

HAWAIIAN STATE
DEPARTMENT OF
HEALTH SERVICES
COMMUNITY CARE
LICENSING

25.0M 42.0M 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (g)(3)(B) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: There shall be a clear and unobstructed access to a safe area of refuge; FINDINGS There was a wire and padlock locking device on the half gate obstructing access to the area of refuge from the second exit. Slide locking device removed from the half-gate during the pre-licensing visit. Slide locking device found reinstalled on the half-gate during the initial inspection on 9/11/20.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"> <i>PCG made sure that wire & padlock locking device were removed.</i> </p>	<p style="text-align: right;"> <i>4/11/21</i> <i>YES.</i> </p>

STATE LICENSING
 DIVISION
 STATE OF HAWAII

APR 12 9 41 AM '21

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: There shall be a clear and unobstructed access to a safe area of refuge; <u>FINDINGS</u> There was a wire and padlock locking device on the half gate obstructing access to the area of refuge from the second exit. Slide locking device removed from the half-gate during the pre-licensing visit. Slide locking device found reinstalled on the half-gate during the initial inspection on 9/11/20.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I instructed SCG not to reinstall locking device on gate. PCG to do monthly perimeter check to make sure that there's no locking device installed.</i></p>	<p style="text-align: right;"><i>6/24/21</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p>FINDINGS No documentation of fire drills conducted.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u></p> <p>No documentation of fire drills conducted.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Fire drills are conducted monthly. Fire drills records are now with the residents records cabinet for easy access whenever it needs to be reviewed or if documentation is needed.</i></p>	<p><i>6/21/21</i></p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms: Bedroom furnishings: Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident; <u>FINDINGS</u> No pliable plastic pillow protectors.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Resident's initial is written on the pillow.</p>	<p style="text-align: center;">YES.</p> <p style="text-align: center;">4/1/21</p>

CORRECTED
4/1/21
BY: [signature]
NWAH JO ELLIS

OF THE 6/1/21 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms: Bedroom furnishings: Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident; <u>FINDINGS</u> No pliable plastic pillow protectors.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>Upon admission card initial use, resident's initial needs to be written on all pillows.</i>	4/11/21 <i>Dismissed</i>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous: Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system. FINDINGS Signaling device in the resident bathroom was not working. Battery changed during the inspection.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">4/1/21</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment</u> . (p)(5) Miscellaneous: <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p>FINDINGS Signaling device in the resident bathroom was not working. Battery changed during the inspection.</p> <p>STATE LICENSING DOH-100-100.1-23 STATE OF HAWAII</p> <p>97-1W 61 APR 12.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG / SCG to ensure that all signaling devices are checked on a monthly basis.</p>	<p>4/11/21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes. FINDINGS No documentation of monthly smoke detector checks.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">4/1/21</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (f) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p>FINDINGS No documentation of monthly smoke detector checks.</p>	<p align="center">PLAN OF CORRECTION</p> <p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Monthly smoke detector check is conducted. Monthly smoke detector records are reviewed with the residents. If needed cabinet for easy access whenever it needs to be reviewed or if documentation is needed.</i></p>	<p align="right"><i>6/24/21</i></p>

ENGINEERING
 DOH-0HCA
 STATE OF HAWAII
 STATE LICENSING

23:01A 42 JUN 12.

Licensee's/Administrator's Signature:

Dequail Brown

Print Name:

Dequail Brown

Date:

4/11/21

Licensee's/Administrator's Signature:

Dequail Brown

Print Name:

Dequail Brown

Date:

4/22/21

STATE OF HAWAII
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